

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,163.00 for date of service 04/12/02.
- b. The request was received on 07/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 08/27/02. The Respondent did not submit a response to the request. The "No Response Found in File" sheet is reflected in Exhibit II of the Commission's case file.
3. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 08/27/02

"We billed procedure code 29822, (shoulder arthroscopy), 23420 (repair of shoulder), and 24665 (repair radius fracture) for date of service 4/12/02 for a total of \$4248.00. We were reimbursed \$3085.00 total. The insurance carrier reduced the amount reimbursed on procedure codes 29822 and 24665 by 50%. No reduction should have been taken, it should have paid 100% of the TWCC fee schedule. Per the operative report all procedures were performed through separate incisions and therefore should have been paid at 100% of the TWCC fee schedule. We are expecting additional payment of \$1163.00 from the insurance carrier."
2. Respondent: No response was found in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/12/02.
2. The denial codes listed on the EOB are “TXB8-F-MULTIPLE SURGICAL PROCEDURES BILLED ON SAME DAY WILL BE REIMBURSED AT 100% FOR MAJOR PROCEDURE, AND 50% FOR EACH SUBSEQUENT PROCEDURE. PAYF-THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON YOUR STATE WORKERS COMPENSATION MEDICAL FEE SCHEDULE.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/12/02	29822	\$1,517.00	\$758.50	TXB8-F	\$1,517.00	MFG SGR (I)(D)(1)(b)(ii)	According to the rule referenced, ... “the secondary or subsequent procedures are not performed through the same incision but are related to the primary procedure.” Medical documentation indicates that CPT code 29822 was related to the primary procedure of CPT code 23420, which is complete repair of the rotator cuff. This procedure, debridement of the glenoid labrum, according to the operative report, was performed through the same incision and related to the primary procedure. Therefore, additional reimbursement is not recommended.
04/12/02	24665	\$809.00	\$404.50	TXB8-F	\$809.00	MFG SGR (I)(D)(1)(c)	According to the rule referenced, “Secondary or subsequent procedures performed in remote areas that are unrelated to the primary procedure and requiring additional preparation shall be reimbursed at the lesser of the provider’s usual and customary fee or 100% of the MAR.” Medical documentation indicates that the procedure was performed on the right elbow, through a separate incision, to repair a fracture of the radial head. This indicates a separate procedure not related to the shoulder repair and additional reimbursement is recommended in the amount of \$404.50.
Totals		\$2,326.00	\$1,163.00				The Requestor is entitled to reimbursement in the amount of \$404.50.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$404.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of December 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb